Date: [Date]

To: [Referring Physician Name]
Address: [Referring Physician Address]

Re: [Patient Name]
DOB: [Patient Date of Birth]
EDD: [Estimated Date of Delivery]

Dear Dr. [Last Name],

I had the pleasure of evaluating [Patient Name] today for a high-risk maternal-fetal medicine consultation regarding a multiple gestation pregnancy ([Twin/Triplet/Higher Order]).

Clinical History:
The patient is a [Age]-year-old [G/P] at [Weeks/Days] gestation. The pregnancy was conceived via [Spontaneous/IVF]. Chorionicity has been confirmed as [Monochorionic/Dichorionic].

Current Findings:
During today's evaluation, the following were noted:
- Fetus A: [Weight/Biometry/Anatomy]
- Fetus B: [Weight/Biometry/Anatomy]
- Cervical Length: [Measurement] mm
- [Note any complications such as TTTS, growth discordance, or hypertension]

Assessment and Plan:
The patient is currently stable but remains at increased risk for preterm labor, gestational diabetes, and preeclampsia. Our management plan includes:
1. Serial growth ultrasounds every [Number] weeks.
2. Weekly/Bi-weekly antenatal testing (NST/BPP) starting at [Number] weeks.
3. Low-dose aspirin therapy for preeclampsia prophylaxis.
4. [Additional Recommendations].

Delivery Recommendations:
Pending complications, delivery is recommended at [Number] weeks gestation via [Vaginal/Cesarean Section].

Thank you for the opportunity to participate in the care of this patient. I will continue to co-manage this pregnancy with your office.

Sincerely,

[Your Name, MD/DO]
[Your Practice Name]
[Phone Number]